PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

Insert Title

Appropriate —		
For Use	Withou	
Specification		
Attached		

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1 Insert Priority Information (if appropriate)

Check Box If

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

ATTORNEY	DOCKET	NO

As a below named inventor, I hereby declare that: my residence post office address and
citizenship are as stated next to my name; that I verily believe that I am the original, first and sol
inventor (if only one inventor is named below) or a joint inventor (if plural inventors are named
below) of the subject matter which is claimed and for which a patent is sought on the invention
entitled: *

inventor (if only one inver	ntor is named below) o	or a joint inventor (if plural in	ventors a	re name
entitled: *	er which is claimed at	nd for which a patent is sough	it on the	inventio
entitled: *bracerporeal bl	ood treatment s	ystem		
				- ,
The Specification Serial No was filed as PCT	was filed on and was amen international applicatio	ess one of the following boxe and was ded on n number der PCT Article 19 on	assigned on	ced:
(if applicable).				
		nderstand the contents of the y any amendment referred to a		dentified
I acknowledge the duty Code of Federal Regulation	y to disclose informations, §1.56.	on material to patentability as o	lefined in	Title 37,
any country before my or of that the same was not in pur- prior to this application, to inventor's certificate issued. States of America on an ap- twelve months (six months) or inventor's certificate on to of America prior to this app	our invention thereof, ablic use or on sale in the hat the invention has before the date of this application filed by me of for designs) prior to this invention has been lication by me or my learning to the priority benefits under	tented or described in any print or more than one year prior to the United States of America mand been patented or made application in any country for my legal representatives or a sapplication, and that no application in any country foreign to egal representatives or assigns, Title 35, United States Code, § listed below:	o this app fore than the subjection to the assigns mication for the Unite except as	olication, one year ect of an e United ore than or patent ed States follows:
Prior Foreign Application(s)			Priority	Claimed
100 49 393.9	Germany	October 5, 2000	νzf	
(Number)	(Country)	(Month/Day/Year Filed)	X €	No
(Number)	(Country)	(Month/ Day/ Year Filed)	□ Yes	□ No
(Number)	(Country)	(Month/Day/Year Filed)	□ Yes	□ No
(Number)	(Country)	(Month/Day/Year Filed)	□ Yes	□ No
(Number)	(Country)	(Month/Day/Year Filed)	□ Yes	□ No
All Foreign Applications,	if any, for any Patent	(Month/Day/Year Filed) or Inventor's Certificate Filed	Yes	No

Months (6 Months for Designs) Prior To The Filing Date of This Application:

Country	Application No.	Date of Filing (Month/Day/Year)

I hereby claim the benefit under Title 35, United States Code, §120. of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status — patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status — patented, pending, abandoned)

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Vincent L. Ramik - Registration No. 20,663

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING: Send Correspondence to: DILLER, RAMIK & WIGHT, P.C.

Merrion Square Suite 101 7345 McWhorter Place Annandale, Virginia 22003 Telephone (703) 642-5705

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

thereon. 1.[] FAMILY NAME INVENTOR'S SIGNATURE DATE GIVEN NAME Full Name of First or Sole Inventor: inventor:
insert Name of Inventor
insert Name of Inventor
insert Date This
Document is Signed
insert Residence
insert Citizenship Friedrich Mueller RESIDENCE (City, State & Country) CITIZENSHIP 35792 Loehnberg, Germany 155 POST OFFICE ADDRESS (Complete Street Address including City, State & Country) Insert:Post Office Address Forsthausstrasse 30, 35792 Loehnberg, Germany Full Name of Second Inventor, if any: DATE GIVEN NAME **FAMILY NAME** INVENTOR'S SIGNATURE Sándor Dolgos see above RESIDENCE (City, State & Country) CITIZENSHIP [] ::5 2000 Szentendre, Hungary POST OFFICE ADDRESS (Complete Street Accress including Cr., State & Country) Szélkerék u. 15., 2000 Szentendre, Hungary GIVEN NAME FAMILY NAME INVENTOR'S SIGNATURE DATE. Full Name of Third Inventor, if any: Péter Szamkó see above RESIDENCE (City, State & Country) CITIZENSHIP 2131 Goed, Hungary POST OFFICE ADDRESS (Complete Street Address including Citi. State & Country) Arany János u.7., 2131 Goed, Hungary INVENTOR'S SIGNATURE DATE Full Name of Fourth Inventor, if any: GIVEN NAME **FAMILY NAME** see above RESIDENCE (City, State & Country) CITIZENSHIP POST OFFICE ADDRESS (Complete Street Address including City State & Country) DATE INVENTOR'S SIGNATURE Full Name of Fifth Inventor, if any: GIVEN NAME **FAMILY NAME** see above CITIZENSHIP RESIDENCE (City, State & Country) Note: Must be completed date this document is signed. POST OFFICE ADDRESS (Complete Street Address including City, State & Country) Page 2 of 2 (USPTO Approved 3-90)